

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 08-152 SLRU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOREN MEYERS  
DEPUTY ATTORNEY GENERAL  
DEPARTMENT OF JUSTICE  
820 N. FRENCH STREET  
WILMINGTON, DE 19801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below ☐ No

3. Service type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ D.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0002 3321 4332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540